DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA   95814
(916) 323-0285

January 14, 1985

ALL-COUNTY LETTER NO. 85-03

TO: ALL COUNTY WELFARE DIRECTORS
     ALL COUNTY AUDITORS
     ALL COUNTY FISCAL OFFICERS

SUBJECT: REVISED ASSISTANCE CLAIMING INSTRUCTIONS

REFERENCE: ALL-COUNTY LETTERS 81-17; 81-52; 84-89; 84-98

The purpose of this letter is to provide information regarding the revised forms, CA 800, Summary Report of Assistance Expenditures, Aid to Families with Dependent Children (AFDC), and the DFA 844, Additional Federal Funds Claimable Based on the Nonfederal Share of Expenditures for Refugee Resettlement, Cuban Program Phasedown and Cuban/Haitian Entrant Recipients in Receipt of AFDC.

CA 800

Form CA 800 has been revised to eliminate the reporting of essential persons, Column B; county supplemental aid payments, Line 13D; and money management persons counts, Line 21, Blocks 1, 2 and 3. The reporting of this information is no longer needed. Therefore, it is no longer a requirement to track essential persons separately in the AFDC payroll (e.g., separate contra roll). In addition, county supplemental aid payments should not be included in the AFDC payroll. However, per federal regulations, money management persons counts/protective payments persons counts must continue to be identified in the payroll.

DFA 844

Form DFA 844 has also been revised to eliminate the reporting of county supplemental aid payments, Line 22, A, B and C. Therefore, the reporting of county supplemental aid payments for refugees/entrants in receipt of AFDC, should not be reflected in the payroll. Effective October 1, 1981, federal funds were discontinued for Cuban Program Phasedown recipients. All information, Lines 9 through 13 related to this obsolete program has been eliminated from the DFA 844. The reporting of Cuban/Haitian Entrants has been combined with the reporting of Refugee Resettlement Program recipients on Line 1 of the DFA 844. This revision is due to changes in the federal reporting requirements. However, you are still required to submit separate payrolls for those time eligible refugees/entrants

GEN 654   (9/79)

in receipt of AFDC, with the appropriate code. You should be using the following suggested codes, or the approved substitute codes to identify those AFDC-Family Group/Unemployed cases in which one member of the assistance unit (AU) is a time eligible refugee/entrant.

Refugees from Cambodia, Loas and Vietnam	IR
Other refugees	OR
Cuban/Haitian Entrants	CH

An initial supply of the revised forms will be sent to you under separate cover. The revised forms must be used when submitting the AFDC-Family Group and Unemployed Parent claims for February, 1985.

If you have any questions regarding this letter or the revised forms, please contact Stephanie Davis at (916) 323-0285 or ATSS 473-0285.

ROBERT T. SERTICH
Deputy Director
Administration

cc: CWDA

ADDITIONAL FEDERAL FUNDS CLAIMABLE BASED ON THE NONFEDERAL SHARE OF EXPENDITURES FOR REFUGEE AND ENTRANT RECIPIENTS IN RECEIPT OF AFDC

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

NOTE: The reporting of entrants has been combined with the reporting of Refugee Resettlement Program recipients.

☐ FAMILY GROUP

☐ UNEMPLOYED

COUNTY:

DATE (MONTH/YEAR):

REFUGEE RESETTLEMENT PROGRAM RECIPIENTS INCLUDING ENTRANTS	EXPENDITURES	PERSONS COUNT		

(Subsequent to 3/31/81, expenditures for time-eligible refugees/entrants only are claimable.)

A.

1. Totals for those AFDC cases which include one or more time eligible refugee/entrant.

   $ _____

B. FEDERAL	C. NONFEDERAL	D. TOTAL

2. Federal Percentage (1B ÷ 1D) _____ %

3. Expenditures reported in Item 1 which were made in behalf of federally eligible persons. (Item 2 × 1A)

   $ _____

4. Nonfederal share of amount in Item 3. (3A × .5)

   $ _____

5. Expenditures reported in Item 1 which were made in behalf of nonfederal persons. (1A minus 3A)

   $ _____

6. Total nonfederal share of AFDC expenditures in Item 1. (4A + 5A)

   $ _____

B TOTAL (SAME AS 1D ABOVE)	C. TIME ELIGIBLE REFUGEE COUNT

7. Time eligible percentage (7C ÷ 7B) _____ %

8. Additional federal funds claimable for time eligible refugee/entrant recipients. (Item 7 × 6A)

   $ _____

9. Total state share of additional federal funds claimable (Line 8) × 89.2%.

   $ _____

10. County share of additional federal funds claimable. (Line 8 minus Line 9)

    $ _____

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and accounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL

TITLE.

DATE.

DFA 844 (2/85)

INSTRUCTIONS FOR USE OF FORM DFA 844

Complete the following 10 items in accordance with data for all AFDC cases (AUs) which include one or more time eligible refugee/entrant.

1. In Line 1A enter total expenditures; in 1B enter the federal persons count, in 1C enter the nonfederal persons count; and in 1D enter the total persons count.

2. Determine the federal percentage by dividing federal persons count by the total persons count. Enter the percentage in Line 2.

3. Multiply total expenditures reported in 1A by the federal percentage (Item 2) to determine the amount expended in behalf of federally eligible persons. Enter the amount in Line 3.

4. In Line 4 enter the nonfederal share of expenditures shown in Line 3 (Line 3 multiplied by 50%).

5. In Line 5 enter that portion of the expenditures in 1A made in behalf of nonfederal persons: Subtract 3A (portion expended in behalf of federal persons) from 1A (total expended).

6. Determine the total nonfederal share by adding 4A and 5A. Enter the amount in Line 6.

7. In 7B enter the total persons count shown in Line 1, Column D. In 7C enter the time eligible persons count. Determine the time eligible percentage by dividing the time eligible person count by total persons count. Enter the percentage in the space provided in Line 7.

8. Enter the additional federal funds claimable for time eligible refugee/entrant recipients in Line 8: Multiply the nonfederal share of AFDC expenditures (Item 6) by the percentage shown in Item 7.

9. Compute the state share of additional federal funds claimable by multiplying the total of: Line 8 by 89.2 percent. Enter the amount in Line 9.

10. Enter the county share of the additional federal funds claimable in Line 10. (Line 8 minus Line 9).

SUMMARY REPORT
OF ASSISTANCE EXPENDITURES
AID TO FAMILIES WITH DEPENDENT CHILDREN

☐ FAMILY GROUP (FG)

☐ UNEMPLOYED (U)

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

FOR STATE USE ⟶ ☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY

DATE (MONTH, YEAR)

A. FEDERAL PERSONS COUNTS		B. NONFEDERAL PERSONS COUNTS		C. TOTAL AID	SOURCE DOCUMENTS
ADULTS	CHILDREN	ADULTS	CHILDREN		
					1. Main Payroll
					2. Current Month Supplemental Payroll
( )	( )	( )	( )	( )	3. Current Month Cancellation Contra Roll
					4. Zero Grant
					5. Prior Months Supplemental Payroll
					6. Subtotal (reconciliation totals)
( )	( )	( )	( )	( )	7. Prior Months Cancellation Contra Roll
( )	( )	( )	( )	( )	8. Abatements
					9. Schedule of Adjustments (show minus items in parentheses)
					10. Subtotals (Lines 7, 8, 9)
					11. DSS Office Audit Corrections (for State Use Only)
					12. Total

D.

13. Total Federal Persons
Col. A (Ad + Ch)

14. Total Persons
Col. A (Ad + Ch) + Col. B (Ad + Ch)

15. Federal Ratio
(13A $\div$ 14A carry to 4 places)   %

16. Number of Assistance Units
represented by 14A (total persons)

17. Federal AU's (16A × 15A, rounded to
nearest whole number)

18. Nonfederal AU's
(16A ___ __ ___)

13. 12C minus 19A
× 15A × .5

14. 19A × 15A × .5

E.

15. 17A × $1.00

16. 18A × $2.00

17. 15E + 16E

INSTRUCTIONS FOR USE OF FORM CA 800 (FG AND U)

1. Enter county name and month and year of claim in space provided.

2. Complete Lines 1 through 5, and 7 through 9, in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.) All money amounts on this form may be rounded to the nearest dollar.

3. Enter the subtotals in Lines 6 and 10 and the total in Line 12.

4. Line 13A — Add Column A (total federal persons).

5. Line 14A — Add Column A (total federal persons) and Column B (total nonfederal persons).

6. Line 15A — Divide 13A (total federal persons) by 14A (total persons) to determine federal ratio.

7. Line 19A — Determine amount of immediate need not subject to state participation.

Federal and nonfederal AUs are computed as follows:

8. Line 16A — Enter the total Assistance Units (cases) from the CA 237 report.

9. Line 17A — Multiply 16A (total number of AUs) by 15A (federal ratio) to determine federal AUs.

10. Line 18A — Subtract 17A (total federal AUs) from 16A (total number of AUs) to determine nonfederal AUs.

Federal share is computed as follows:

11. Line 13D — Subtract 19A (immediate need payments not subject to state participation) from 12C (net total aid paid), then multiply by 15A (federal ratio) and by .5 to determine 50 percent federal share of total aid paid.

12. Line 14D — Multiply 19A (immediate need payments not subject to state participation) by 15A (federal ratio) and by .5 to determine 50 percent federal share of these payments.

State share is computed as follows:

13. Line 15E — Multiply 17A (total federal AUs) by $1.00 (the state share of the $2.00 grant increase effective 6/1/73 for federal AUs).

14. Line 16E — Multiply 18A (total nonfederal AUs) by $2.00 (the state share of the $2.00 grant increase effective 6/1/73 for nonfederal AUs).

15. Line 17E — Add 15E (state share of grant increase for federal AUs) and 16E (state share of grant increase for nonfederal AUs) to determine the total state share of the 6/1/73 increase.